

## **NEUROVASCULAR ASSESSMENT AND FLOWSHEET**

### **PURPOSE:**

To provide a mechanism to assure a uniform procedure for neurovascular checks.  
To provide a guideline for observation and communication of trends and changes over prescribed time.

### **POLICY:**

#### **1. Neurovascular Flow Sheet**

The Neurovascular Flow Sheet (SN 1059) shall be initiated by a written physician's order or by the licensed nurse when the patient is at risk for Neurovascular compromise. (i.e. surgery, cast/splint, traction, venous congestion, hematoma, trauma, etc.)

#### **2. Assessments**

Neurovascular assessments should be performed every four hours for the first 24 hours and then at least every eight hours unless ordered more or less frequently by the physician or as warranted by patient condition.

#### **3. Documentation**

Neurovascular assessment and documentation shall include:

- a. date and time of assessment
- b. extremity
- c. sensation (sensory)
- d. temperature (distal to pressure point)
- e. movement (motor)
- f. capillary refill (blanches)
- g. pulses
- h. color
- i. any other pertinent observations (i.e. swelling)  
(document in comments section)

#### **4. Entries and Legal Signature**

The nurse shall sign each documentation entry. The nurse shall record his/her full legal signature and classification in the space provided on the flowsheet.

5. **Compartment Syndrome**

The nurse shall document and report any signs and symptoms of compartment syndrome immediately to the physician.

Signs and symptoms of compartment syndrome are:

- a. progressive pain
- b. pain on passive motion
- c. paresthesia
- d. pulselessness
- e. progressive loss of motion
- f. pallor

6. **Medical Record and Obtaining Forms**

The Neurovascular Flow Sheet (SN 1059) shall remain a permanent part of the patient's medical record. New forms may be obtained from the General Service Store.

<b>RESPONSIBLE PARTY</b>	<b>ACTION</b>
MD	1. Writes order for Neurovascular checks, designating frequency of checks.
RN, RN Applicant, LPN	2. Initiates neurovascular assessment/checks on any patient at risk for neurovascular compromise.
RN, RN Applicant, LPN, Administrative Coordinator	3. Places <b>Neurovascular FlowSheet</b> (SN 1059) in the patient's chart.
RN, RN Applicant, LPN	<p>4. Explains procedure to patient and/or family and instructs them to report any pertinent changes such as:</p> <ul style="list-style-type: none"> <li>a. pain or change in character or intensity of pain</li> <li>b. numbness, tingling</li> <li>c. redness</li> <li>d. swelling</li> <li>e. loss of mobility</li> </ul> <p>5. Assesses patient for neurovascular compromise for affected extremity(s) at least every 4 hours for the first 24 hours, then at least every 8 hours unless otherwise ordered by the MD.</p> <p>6. Documents findings on the Neurovascular Flowsheet/approved unit specific flowsheet including:</p> <ul style="list-style-type: none"> <li>a. date and time</li> <li>b. sensation</li> <li>c. temperature</li> <li>d. movement</li> <li>e. capillary refill</li> <li>f. pulse</li> <li>g. color</li> <li>h. pertinent comments</li> </ul> <p>7. Signs full legal signature in the space provided on the flowsheet following each entry.</p> <p>8. Notifies physician of any neurovascular compromise and documents notification.</p>

**REFERENCE:**

Ackley, B., Ladwig, G. Swan, B., and Tucker, S. (2007) Ackley: Evidenced-Based Nursing Care Guidelines: Medical Surgical Interventions (1<sup>st</sup> ed) Mosby: Missouri.

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